

University of Wisconsin Madison

750 University Ave., Rm. 49

Madison, WI 53706

Student Academic Year Enrollment Verification

The term credit as used here is for purposes of determining Social Security and Medicare Withholding exemption and is different than credit for your degree.

Student Name (Last, First, Middle Initial)		Social Security Number
Appointment Type <input type="checkbox"/> TA <input type="checkbox"/> PA <input type="checkbox"/> Student Hourly	Graduate Assistant Appointments Only: <input type="checkbox"/> Dissertator Yes <input type="checkbox"/> Dissertator No	Employing Department

UNDERGRADUATE STUDENTS—I am an undergraduate student enrolled as (check one)

- 0-5 credits (less than 1/2 time)
- 6 or more credits (1/2 time or more)
- My final semester (attending classes solely to meet degree requirements therefore deemed to be 1/2 time)

GRADUATE STUDENTS—I am a graduate student enrolled as (check one):

- Non-Dissertator (0 – 3 credits, less than 1/2 time)
- Non-Dissertator (4 or more credits, 1/2 time or more)
- Non-Dissertator (My final semester, attending classes solely to meet degree requirements therefore deemed to be 1/2 time)
- Dissertator

<u>Credits to Meet 1/2 Rule for Academic Year</u>	<u>Appointment Type</u>
Equal to 3 Credits	TA/PA, Dissertator
Equal to 4 Credits or greater	TA/PA, Non-Dissertator
Equal to 6 Credits or greater	Student Hourly
Equal to 6 Credits or greater	Undergraduate Assistant

By law, Students DO NOT pay Social Security and Medicare withholding during the academic year provided the student is registered at least 1/2 time or greater at the University.

I certify that the above information is correct. I agree to notify my employing department(s) if my student status changes or if I withdraw from school. I understand that if I have not paid Social Security and Medicare Withholding and I should have, I will be liable for retroactive contributions. I understand that any Social Security and Medicare Withholding taken in error will not be refunded.

Date (Mo/Day/Yr)	Student Signature
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Return this form to your Supervisor